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HELPE

TO IMPROVE HEALTH LITERACY

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HELPE

Health Literacy in Physiotherapy Education

Interprofessional Collaboration in Rehabilitation Teams

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APPENDIX:

A) Health Literacy in Interprofessional Rehabilitation Teams – Structure (Excel)

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1. Introduction to interprofessional collaboration

The process of rehabilitation is a standard problem-solving process where the client is at the center (Rauch et al. 2008). According to the Wade (2020) the important features that characterize effective rehabilitation are as follows:

- Basing the process on the biopsychosocial model of illness
- Having an expert interdisciplinary team, which uses structured protocols to ensure a consistent, comprehensive approach
- Undertaking a comprehensive (holistic) initial (diagnostic) assessment to achieve a full understanding of the person's situation, both the factors that influence it and the factors that may determine interventions
- Using many different interventions tailored to the person
- Monitoring the changes arising in association with these interventions, evaluating them against goals, and checking for potential harm.

Effective communication is vital for team formation. Communication can facilitate or impair collaboration in every level of healthcare, making it fundamental in the consideration or evaluation of team practices including communication skills and communication tools. Interprofessional communication would benefit from including the patients' perspective (Paxine et al. 2020)

One option to support interdisciplinary work in education can be the model which has been developed in cooperation with Finnish universities of applied sciences to support the development of interdisciplinarity in higher education (Figure 1)

Interdisciplinarity should be supported throughout studies. However, it is important to bear in mind that effective interdisciplinarity requires an understanding of one's own profession. This is why more demanding multidisciplinary learning content, such as role-playing, should only be implemented towards the end of studies.

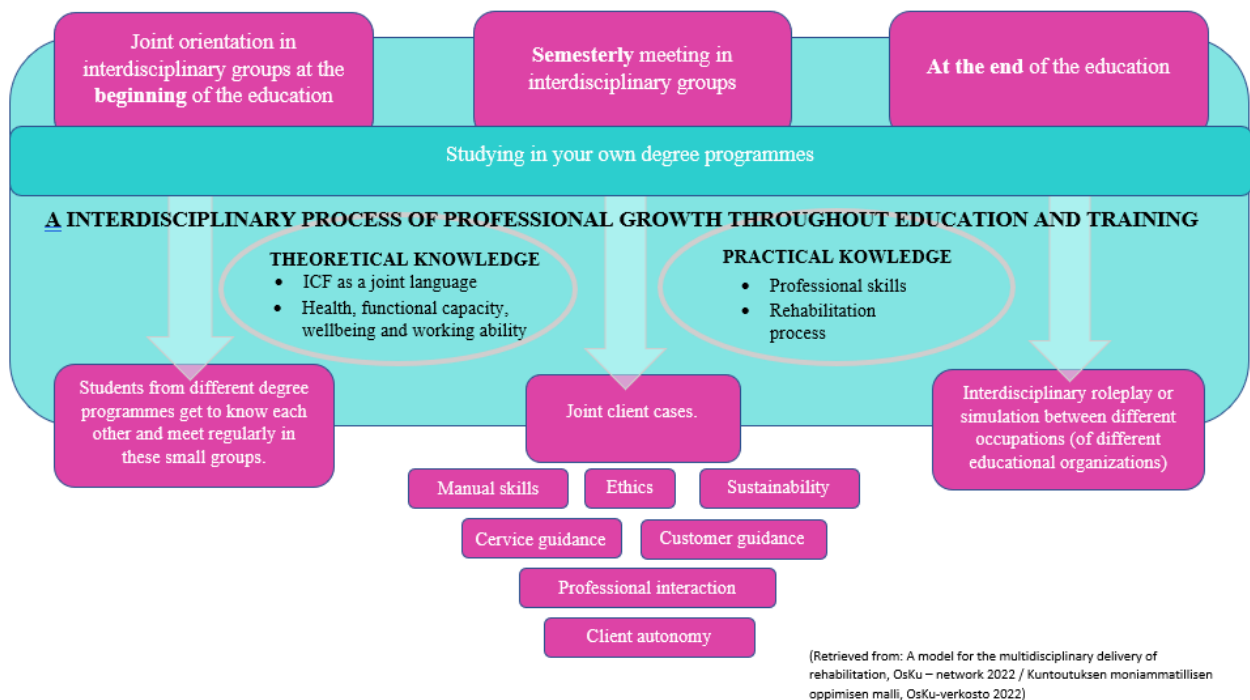


Figure 1 a Model for the interdisciplinary delivery of rehabilitation

2. Limited health literacy in interprofessional settings

One of the main competencies for rehabilitation workers is practice skills. Those skills contain several levels in action to support development as an expert. Especially it includes interaction between the rehabilitation worker and the person acquiring rehabilitation, their family and other professionals. The expert should be able to work autonomously, prescribe interventions, make decisions regarding rehabilitation plans and specialist level knowledge to operate with people with different highly complex needs (WHO 2020). The World Health Organization has released Rehabilitation Competency Frameworks that describes the best practice skills in different fields of expertise. To develop interpersonal skills, a rehabilitation professional should be able to achieve the competences in Table 1, taking into account limited health literacy.

Places the person and their family at
the centre of practice

Table 1 Rehabilitation Competencies Framework – Practice (WHO 2020)

3. Videos as a didactic tool and PEVA™-method

Reflection is considered one of the most important lifelong learning skills for teachers, trainers, supervisors, and tutors. How might this skill be developed throughout one's own vocational teacher education? How can new digital tools support students to progressively become "reflective experts". PEVA™-method support students in establishing their professional identities, as well as in their professional growth, i.e., in the gradual development of self-evaluation and reflection practices. Themes used in development of method are:

- strengthening students' reflective skills
- supporting the integration of espoused theory and theory-in-use
- strengthening students' sense of inclusion and self-efficacy.

Videos are one pedagogical opportunity to develop skills when integrated to curricula as a didactic tool. In the HELPE project, video learning was used to support the development of students' self-reflection skills, critical thinking, and interaction with clients. The videos were reviewed using the PEVA™- method, which aims to increase students' self-assessment skills through empowerment. The PEVA™ approach can be used with videos produced by the HELPE project or with materials produced by the students themselves during the course.

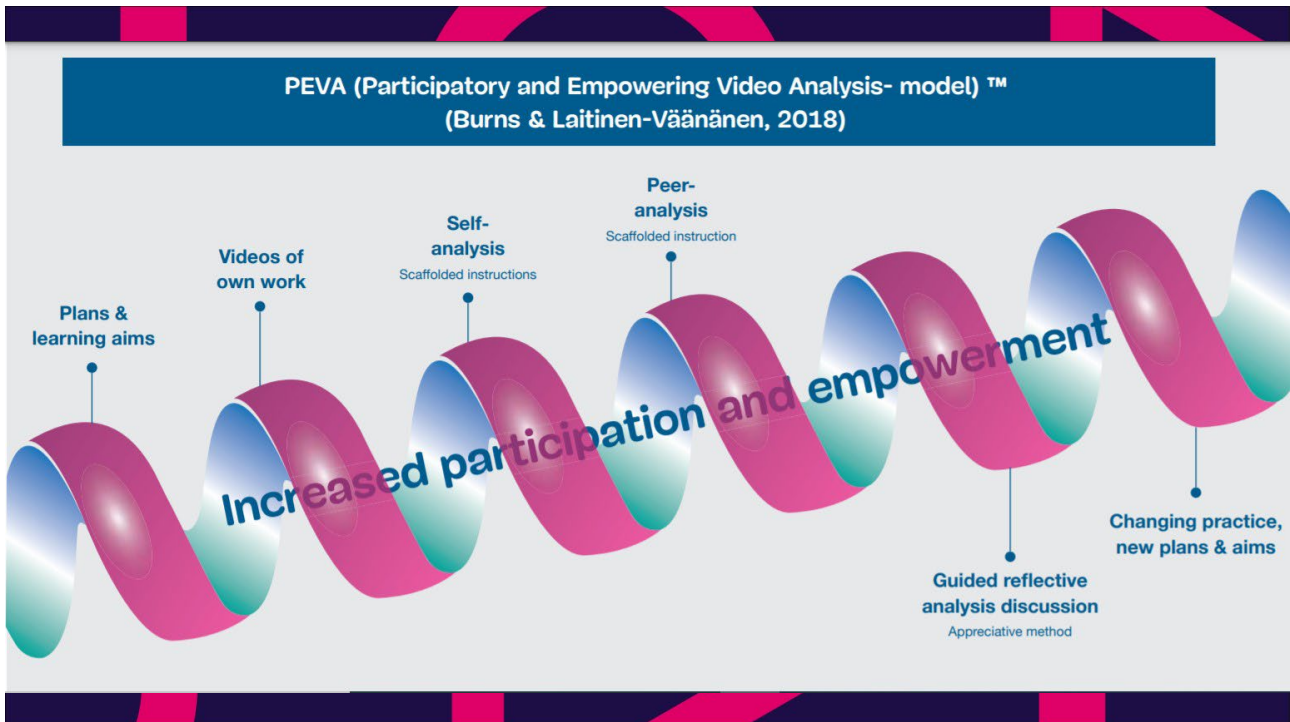


Figure 2 PEVA™-model

Measures for teachers:

- 1) Watch the PEVA™ guidance video and learn how to use the PEVA™-method
- 2) Familiarize yourself with the Reflection Tool questionnaire and the health literacy themes it contains.
- 3) Identify the course / module in which you want to use video learning
- 4) Introduce students to the principles of the PEVA™- method and the Reflection Tool questionnaire. Introduce students to the purpose of video in the course.
- 5) Form small groups for a reflective discussion that happens later
- 6) Students complete a Reflection Tool questionnaire to examine their own level of health literacy skills and design a real-life client situation or simulation situation in which to put these skills into practice
- 7) Students will make a video recording of a client guidance situation

8) Students will watch their own video recording and draw from it according to the themes of the Reflection Tool Questionnaire. The blue boxes on the questionnaire will be used to highlight examples of themes that appear in the video.

9) Students will have a reflection discussion in small groups so that each student picks a topic from their own video, based on the Reflection Tools questionnaire, to discuss together. The teacher leads the discussion. The videos are watched together and the theme that each of them has highlighted is examined, e.g., knowledge of health literacy, fostering relationships or gathering information.

10) The teacher draws together everything in a reflective discussion, after which the student identifies their own areas for improvement. The purpose of the reflective discussion is to identify the student's strengths and successes. The areas for development are determined by the student based on the reflective discussion.

4. Video reflection tool

Video Reflection Tool is made to help you learn about health literacy and reflect your own skills considering health literacy in client guidance. You should do a video recording in your real-life client guidance and analyze that video with the Reflection Tool Questionnaire. Blue reflection boxes are meant to be collected notes from client guidance video(s). Purpose of your self-analysis is to bring themes into peer-students reflection discussion and to analyze what are the strengths of your work and where you could continue to develop yourself. After the self-analysis everyone should participate in a small group peer-discussion where everyone has done their own analysis of their own video. Together the group will raise up what themes everyone has chosen to be discussed about from each of the videos and then look every video for analysis.

Self analysis and peer discussion are meant to maintain respectful and positive spirit and empowerment. Look what was extremely positive and what could be done differently, why and how?

5. Materials

- 1) Lecture Interprofessional Collaboration in Rehabilitation Teams
- 2) Interprofessional Collaboration Form
- 3) Case-descriptions for ICF based Interprofessional Person-centered assessment
- 4) Role Play case descriptions
- 5) PEVA™ -method and introduction video to PEVA™
- 6) Reflection Tool Questionnaire
- 7) Educational materials for videos related to Limited Health Literacy
- 8) Teachers' manual for educational videos and PEVA™ process

6. Progression

At the beginning of interprofessional collaboration in rehabilitation teams - module student will get the basic understanding of interdisciplinary teamwork and profits. It can be given based on materials that the teacher represents. Students will be introduced to tools used in this course module and how to use those based on a case example (figure 3). Students start to gather information from cases to interprofessional person-centered assessment form.

	Theme	Topic	Learning outcome	Body of Knowledge	Literature & materials	Learning activity	Materials & Links	Tools	Learning Goals	Student work
Lecture	Health Literacy in Interprofessional Rehabilitation Teams - Theoretical Basis	Introduction to collaboration in interprofessional setting - PP slides	Student: Elaborates their understanding of interprofessional team work related to HL	Understand the importance of interprofessional and collaborative skills in supporting health literacy	Interprofessional Collaboration Form	Generic information from interprofessional teamwork Gathering information from cases: 1) Elderly 2) Child & family	Lecture and case example based on ICF	ICF Framework	a) Gathering information using ICF Framework b) Shared decision making c) Person centered goal setting based on SMART principles (GAS) d) Recognize and support clients LHL and self-management e) Person-centered	1) Lectures of basics
Supplementary task		Using the ICF model as a basis for client-centered goals setting		Understand client-centredness in ICF-based goal setting with clients of LHL		Two different cases 1) Elderly 2) Child and family	ICF Framework		2) Gathering information to supplementary task using Interprofessional personcentered assessment form	

Figure 3 First section of module.

Secondly students learn to define person-centered goals with an interprofessional team by using role-play (figure 4). A more detailed description of role play and the role case descriptions are available in HELPE handbook.

Role Play	Shared goals setting - How to collaborate in interprofessional health care services		Knows strategies to collaborate with interprofessional team members remembering clients perspective	Act as an expert in a interprofessional, client-oriented discussion of objectives	Case descriptions and Role Play setting Student instructions	Same cases as in grey section and role descriptions for role play.	Role play in roles of interprofessional rehabilitation teams	Interprofessional Collaboration Form	Training in interdisciplinary teamwork	Participation in role play in a one role or as an observer
			Identify risk factors for low health literacy and policies to support them as a professional	Can develop a client-centred objective together with experts from other sectors			Shared decision making in client-centered manner		Interprofessional teamwork to support health literacy and client orientation	Defining the client's objective through role-playing data collection to interprofessional personal centered assessment form and group discussion to form SMART based goals

Figure 4. Second section of module.

Thirdly students deepen their knowledge and skill by using real client cases and video recordings or multidisciplinary simulation (figure 5). In this part it is important to get familiar and use PEVA™ method and how to use it in a professional growth based on reflection.

Video of your own work and reflective discussion using the PEVA method	Transfer interprofessional teamwork to clinical setting - Collaboration in patient guidance. Choose A or B.	A) Clinical practice setting - Successful client guidance in health care services	Learns to collaborate and negotiate with different experts and clients. Learning to reflect own co-operation skills in clinical setting.	Able to identify the risk factors for low health literacy and to work in a interprofessional team as an expert in their field to benefit the client own responsibility of it's health.	PEVA model introduction- video Reflection Tool Questionnaire	Videorecording from clinical practise real life client	PEVA introduction video	PEVA model and Reflection Tool Questionnaire	Reflecting your own role as part of a interprofessional team. Supporting the client's health literacy.	Use HELPE Reflection Tool Questionnaire as an assessment form of your own HL skills and reflect those in practice. Take a videorecording from your own real life therapy session or simulation session with client. Reflect your own skills using PEVA videorecognition tool at first on your own and then with peer group (and teacher).
		B) Interprofessional simulation	Works with other health professions in interprofessional simulation						Simulation in interprofessional setting	

Figure 5 Third section of module

7. Implementation in the curriculum

Recommended course description:

Name of the course:	Health Literacy in Interprofessional Rehabilitation Teams
Type:	Lectures, individual preparation, group work, supervision, reflection discussions, casework
ECTS	2-3
Semester	Recommended in 6 th semester or end of studies (semester 5-7)

Content of the course

Lesson	Topics and content
3 ECTS	Project incl. tutorials at the end of each project phase Support and reflection on intervention planning and implementation
0.5* ECTS	Lecture, independent preparation, group work
1* ECTS	Role play (preparations, role play exercise, fulfilling interprofessional collaboration form, discussion)
1.5* ECTS	Video recordings from simulation or real-life client guidance (PEVA™-method, video recordings, interprofessional reflective discussion)

*These seminars can be part of the course- as for example at Jyväskylä University of Applied Sciences this is in use in interprofessional simulation day which is a part of final clinical practice.

Students act as experts in physical therapy and develop understanding and skills in interprofessional setting and. In the context of interprofessional collaboration in rehabilitation teams promote health literacy at the micro/meso level.

Prerequisites: Knowledge from previous semesters on rehabilitation interventions, understanding local health care system, ICF, health literacy, experiences from previous internships.

Learning outcomes: Students develops competencies in understanding of interprofessional teamwork related to health literacy. They learn to gather knowledge to understand the person-centered approach using the ICF framework with interprofessional rehabilitation team. Students will know how to do shared decision making and person-centered goal setting using SMART principles (GAS). Students can identify and support clients in limited health literacy and self-care.

Evaluation of the course (example Jyväskylä University of Applied Sciences):

Percentage	Sub-sections
20%	Gathering information to Interprofessional Collaboration Form
30%	Preparation and participation to Role Play
50%	Video recordings and reflection discussion

The presented course description serves as example and can be modified according to the specific curriculum of the HEI. Transferability of the proposed course plan can be reached with choosing the timing and the duration of the collaboration in interprofessional rehabilitation teams in the curriculum, modifying the ECTS number, and adapting the objectives.

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